

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/937204

FILING DATE

(APPLICANT(S))

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10		1				
11		1				
12		1				
13						
14						
15						
16						
17						
18						
19		1				
20		1				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL						
TOTAL IND.		31				
TOTAL DEP.		31				
TOTAL CLAIMS	33					

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS